



PLEASE PRINT ALL INFORMATION:

APPLICANT MUST COMPLETE PERSONAL/BUSINESS/EVENT INFORMATION:

Person Completing Application/Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Person Contact Phone: \_\_\_\_\_

Producer of Event:

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Georgia Sales and/or Use Tax Certificate Number (or an explanation of exemption): \_\_\_\_\_

Current Occupation Tax Certificate Number and Issuing Jurisdiction: \_\_\_\_\_

Identify any location within the prior 12 months where the Producer has conducted a similar Special Event:

Special Event Information:

Location of Property Where Event is to take place: \_\_\_\_\_

Address / Nearest intersection or cross streets / Name of shopping center / Neighborhood

Parcel ID No. for property: \_\_\_\_\_ (you must provide this number in order for permit to be considered)

Description of Special Event: \_\_\_\_\_

Dates and hours of operation: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

Will alcohol be at the Event? Yes or No

If Yes, provide complete details: \_\_\_\_\_

Description of City services needed/requested: (if you need more space, attach additional sheet)

Police \_\_\_\_\_

Public Works \_\_\_\_\_

Other \_\_\_\_\_

Do you contemplate use or need of any of the following?: Yes or No (If Yes, circle all that apply below)

- ♦Closing (full or partial) a street
- ♦Providing or selling merchandise, food or beverages, where otherwise not allowed
- ♦Tent, canopy, stage, trailer, grandstand, bleachers, or other structure
- ♦Placement and use of portable toilets
- ♦Signage
- ♦Blocking or obstructing public property
- ♦Pyrotechnics or sound amplification devices

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR \_\_\_\_\_.

Notary Public Signature

My Commission Expires

Seal



HOLD HARMLESS AGREEMENT

\_\_\_\_\_ **[NAME OF PRODUCER]** agrees that it shall defend, pay, and hold harmless the City, its elected and appointed officials, employees, and agents from any and all liability for claims of personal injury(ies) and property damage(s) resulting from any acts or omissions occurring during the special event:

\_\_\_\_\_  
**[INSERT NAME OF EVENT AND PERMIT NO.]**, inclusive also of any claims for attorneys' fees and costs connected with such claims, except for such claims arising solely from the negligent acts of the City, its elected and appointed officials, employees, and agents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR \_\_\_\_\_.*

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Seal

# CITY OF HIRAM

## S.A.V.E. Affidavit Verifying Status for Business Transactions with City of Hiram

By executing this affidavit under oath, as an applicant for a City of Hiram *Special Event Permit*,

I am stating the following with respect to my application to The City of Hiram for the license, permit or other public benefit as indicated above.

\_\_\_\_\_ [Applicant's Name]

\_\_\_\_\_ [Name of Business]

[check the blank that applies below]

1) \_\_\_\_\_ I am a **United States citizen** 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit, which can best be described as:

\_\_\_\_\_

**OR**

2) \_\_\_\_\_ I am a **legal permanent resident** 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\* All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. Section 16-10-20.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Printed Name

**NOTARIZATION REQUIRED:**  
SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\*Alien Registration number for non-citizens

My Commission Expires: \_\_\_\_\_

\*Note: O.C.G.A. § 50-36-1(3)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_  
Alternate Identifying number for qualified aliens who do not have an A.R. number

**Return to: City of Hiram, 217 Main Street, Hiram, GA 30141**

**Please supply an E-mail address which the City may use for any future correspondence to your firm or to request this form in subsequent years:**

**E-mail** \_\_\_\_\_

**Private Employer / E-Verify Affidavit**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1.** Please check only one:

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees**<sup>1</sup>.

**\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below. \*\*\***

(B) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees**.

**\*\*\* If you select Section 1(B), please skip Section 2 and execute below. \*\*\***

**Section 2.**

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
**E-Verify Number**  
(Federal Work Authorization User Identification Number)

- - 201  
\_\_\_\_\_  
**Date of Authorization**

---

**THIS FORM MUST BE NOTARIZED**

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_ of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_, \_\_\_\_\_ State.  
Day Month Year City

\_\_\_\_\_  
**Name of Employer**

X \_\_\_\_\_  
**Signature of Authorized Officer or Agent**

X \_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

**SUBSCRIBED AND SWORN BEFORE ME**

**ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC**  
**My Commission Expires: \_\_\_\_\_**

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

# Hiram Police Department

## *Request for Employment of Off Duty Hiram Police Officer*

Date: \_\_\_\_\_

Name of Requestor/Employer: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Scope of Employment: \_\_\_\_\_

Date(s) of Employment & Hours: \_\_\_\_\_

**(Minimum of four hours) 24 hr. cancellation required or 4 hours per officer required. Lt. Mike O'Neal 678-776-8932, Sgt. Mike Wilson 770-500-7745**

Will Officer(s) be covered by employer's workers compensation plan? \_\_\_\_\_

If covered, attach statement of coverage from employer.

**Rate of Pay: \$35.00 an hour**

Number of Officers needed for detail: \_\_\_\_\_

\_\_\_\_\_  
*Employer/Business Owner/Rep. Signature*

\_\_\_\_\_  
*Date*

***Official Use Only***

***Official Use Only***

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Uniform Patrol Commander

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Approved Rate of Pay \_\_\_\_\_

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

